

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse side so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, on the front if space permits.</p>		<p>1. Precise Addressed to:</p> <p>David Billups, #211-903            Ross Correctional Institution            Case 101            P.O. Box 7010            Chillicothe, OH 45601</p>	
		<p>A. Signature   <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
		<p>B. Received by / Printed Name <u>Thom M. Harkins</u></p>	
		<p>C. Date of Delivery  <u>11-11-04</u></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p>	
		<p>If YES, enter delivery address below:  <u>Thom M. Harkins</u></p>	
<p>2. Article Number            (Transfer from service label)</p> <p>7003 1680 0000 0330 3873</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee)</p>		<p><input type="checkbox"/> Yes</p>	